

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000025719

1. Entity Name
ESCOBEDO ENTERPRISES, INC.



Principal Place of Business
**3545 GLEN VILLAGE CT.
ORLANDO, FL 32822**

Mailing Address
**3545 GLEN VILLAGE CT.
ORLANDO, FL 32822**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3651563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ESCOBEDO, JUAN D
3545 GLEN VILLAGE CT.
ORLANDO, FL 32822**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE * Leisa Escobedo, Leisa Escobedo, Vice President * 1/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ESCOBEDO, JUAN D
STREET ADDRESS	3545 GLEN VILLAGE CT.
CITY - ST - ZIP	ORLANDO, FL 32822
TITLE	VSD
NAME	ESCOBEDO, LEISA M
STREET ADDRESS	3545 GLEN VILLAGE CT.
CITY - ST - ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/02/05-80072-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * Leisa Escobedo, Leisa Escobedo * 1/29/05 * 407 381-3349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #